HOME SCHOOL ATTENDANCE REPORT

to the LAKE COUNTY SUPERINTENDENT OF SCHOOLS

School Year 20_____ to 20_____



Lake County Courthouse 106 Fourth Avenue East Polson, MT 59860 Phone 406-883-7262

Fax 406-883-7262 or 406-883-7283

					ا نيا		7202 01 400	7 000 7200
Student Name			Grade Level		Date of Birth		Age as of Sept. 10	
Name of Parent				Parent Address	s	Phone		
Name of Schoo	1			Name of teache				
	ized Course of S	tudy (optional) _						-
ATTENDANCE								
	First 9 Weeks		Second 9 Weeks		Third 9 Weeks		Fourth 9 Weeks	
Opening Date								
Mon.								
Tues.								
Wed.								
Thurs.								
Fri.								
Mon								
Tues.								
Wed.								
Thurs.								
Fri.								
Mon.								
Tues.								
Wed.								
Thurs.								
Fri.								
Mon.								
Tues.								
Wed.								
Thurs.								
Fri.								
Mon.	İ							
Tues.								
Wed.								
Thurs.								
Fri.								
Mon.								
Tues.								
Wed.								
Thurs.								
Fri.								
Closing Date								
Days								

Teacher's signature	_Total Days ⁻	Taught	

A copy of this report may be submitted to the County Superintendent at the end of a semester or at the end of the school year. It is not required that school attendance be reported on this form, but attendance must be documented in some form. This attendance record will be kept in your file for future reference.